

To: AAA Directors
AAA Waiver Liaisons
BDDS District Managers
BDDS Service Coordinators
Targeted Case Management Providers
D&E Teams

From: Alison Becker, Director, Fiscal Services
Steve Cook, Director, Developmental Disabilities Services

Date: November 1, 2001

Re: New DD Waiver Slots and Procedures

We are pleased to be able to announce that as a continuation of the “317 Plan,” the allocation of 200 additional “diversion” and 150 new “deinstitutional” slots. As you know, the new waiver for persons with developmental disabilities (DD Waiver) was approved by the Centers for Medicare and Medicaid Services on October 1, 2001. This new Waiver calls for both the diversion and the deinstitutional waiting lists to be managed by the local Bureau of Developmental Disabilities Services (BDDS) offices. These new slots have been distributed as noted by BDDS District based upon population. You will note that we are maintaining two separate waiting lists. This is a change from the DD Waiver Manual, in reaction to the public comment we received about combining the lists.

This new money was made available during extremely tight fiscal times because of the efforts of many groups and individuals. The General Assembly continued to fund the “317 Plan” because of the success that you helped us demonstrate in serving individuals during the past biennium. Thank you to everyone who has helped make the recommendations put forth by the 317 Task Force a success.

The success of the DD Waiver is dependent on us all working together as a team. As you know, we have added some exciting new services, including transportation and health care management, but no new service comes without a cost.

Every person is to have a Person-Centered Plan. Their Support Plan should include the necessary services and supports needed for the person to be successful in the community. It is critical that for those persons receiving 24-hour support, that a plan address the need for adequate day services.

Also, please be mindful of the fiscal and programmatic integrity that must be maintained by the State of Indiana. All case managers are encouraged to develop individual plans of care/cost comparison budgets as cost effective as possible, since any savings that are identified after all slots are filled may be used to create additional slots statewide. This is an important message that should be shared with individuals, their families and providers.

Attached you will find the diversion and deinstitutional slots to be issued to each local BDDS District. Each District will be assigned a number of new slots as well as a budget to manage those slots. T.G. Williams will be contacting local BDDS Districts to provide information on the newly created diversion waiting list divided up by where a person lives in regard to BDDS Districts instead of Area Agency on Aging areas.

It is important to know that these budgets were determined by an average per diem as necessary to establish cost effectiveness for the waiver program. **It should not be seen as an individual cap.** These are benchmarks to be used for accounting and monitoring purposes only.

We would again reemphasize that it is not appropriate to hold down the waiver budget and use Title XX to provide needed services for an individual. The benchmarks are not to be used to keep people from getting what they need, but rather are there to help manage the process from a regional and statewide perspective. Furthermore, while Targeted Case Management is no longer a waiver service, it is a Medicaid service, and therefore, part of the computation of cost effectiveness for the DD Waiver.

As you know, we must maintain “cost effectiveness” in the Home and Community Based Services program. This means that in the aggregate, services in the community cannot cost more than the aggregate costs in all Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) in the State of Indiana. We must work together as a team to assure that both client, as well as cost effectiveness needs are being met.

All Plans of Care/Cost Comparison Budgets must be submitted to the BDDS District office for review and approval. This will be done through the INsite system. The District office will forward to the Bureau of Fiscal Services for

approval or denial. We will work to review and approve the budgets as quickly as possible, with the understanding that higher budgets require additional documentation and scrutiny.

There is also the ability to access BDDS “Residential” state dollars to assist with “residential costs” (room and board) and “start up costs” for individuals if a “Supported Living” setting is needed. This is to be coordinated with the local BDDS Office.

We continue implementation of this new waiver. In the coming months, a new rate structure will be released, which we hope will make it easier for you to complete Plans of Care/Cost Comparison Budget and to keep records of services provided.

Consistent with the process described in the DD Waiver manual, Level of Care will be determined by using the Developmental Disabilities Profile by a Qualified Mental Retardation Professional. A score of 35 or higher indicated an individual meets Level of Care for an ICF/MR. Remember, initial “non-routine” Level of Care decisions must be made by the Office of Medicaid Policy and Planning.

BDDS District	City	Diversion Slots		Deinstitutional Slots	
		Number of Slots	Total Annual Budget	Number of Slots	Total Annual Budget
1	Merrillville	24	\$867,240	18	\$946,080
2	South Bend	30	\$1,084,050	22	\$1,156,320
3	Fort Wayne	20	\$722,700	15	\$788,400
4	Greencasted	22	\$794,970	17	\$893,520
5	Indianapolis	28	\$1,011,780	21	\$1,103,760
6	Muncie	18	\$650,430	14	\$735,840
7	Evansville	16	\$578,160	12	\$630,720
8	Clarksville/Seymour	22	\$794,970	16	\$840,960
9	Indianapolis	20	\$722,700	15	\$788,400
		200	\$7,227,000	150	\$7,884,000
Slot					
Benchmarks					
	Diversion				
			\$36,135/year=\$3,022.25/month=\$99/day		
	Deinstitutional				
			\$52,560/year=\$4,380/month=\$144/day		

Thank you for your help in this matter. As always, please contact either of us if you have questions or if we may be of further assistance. Alison may be reached at abecker@fssa.state.in.us or 317/234-1527. Steve may be reached at scook3@fssa.state.in.us or 317/233-3828.